


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36020</b> 1. Entity Name <b>THE SYMPHONY GUILD OF WINTER HAVEN, INC.</b>	
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Principal Place of Business <b>P.O. BOX 7721 WINTER HAVEN FL 33883-7721</b>	Mailing Address <b>P.O. BOX 7721 WINTER HAVEN FL 33883-7721</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>59-2991692</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  <b>SIEGEL, BILL 279 LAKE LULU WINTER HAVEN FL 33880</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V <input type="checkbox"/> Delete <b>KATROS, JOHN</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>500 LAKE ELBERT DR. W.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>ANASTASIO, SHERRY</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4 BROGDEN LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete <b>THOMAS, GLENN</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1653 CRUMP RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete <b>GOLDEN, CAROL ANNE</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>P.O. BOX 411 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33882</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>TYLER, NORMA L</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1776 6TH ST. NW APT 606</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete <b>COLLIER, LESTER</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3 BODGREN CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn Thomas Glenn Thomas Feb 12, 2008 863-324-3754